

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 277  
Registered No. 1838

**1. PLACE OF BIRTH**

County Marijuana State Arizona  
District or Township Good Samaritan Hosp. or Village \_\_\_\_\_  
City Phoenix No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edna Hazel Angle  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 12-4-29  
Month Day Year

**8. FATHER**  
Full name Oscar Lee Angle  
9. Residence (Usual place of abode) 1484 E. Pilsner St.  
If non-resident, give place and state. Phoenix - Ariz  
10. Color or race white  
11. Age at last birthday 22 (Years)  
12. Birthplace (city or place) Miami  
(State or country) Arizona  
13. Occupation Stock clerk  
Nature of Industry \_\_\_\_\_

**14. MOTHER**  
Full maiden name Beatrice Marble  
15. Residence (Usual place of abode) same  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race white  
17. Age at last birthday 20 (Years)  
18. Birthplace (city or state) Agan  
(State or country) Arizona  
19. Occupation Housework  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1  
(b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 1:50 p. m. on the date above stated.  
(Born alive or stillborn)

Signature J. S. Mander (Physician or midwife.)  
Address Phoenix, Ariz  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Registrar. J. W. Woodman

115-1004-245

in order of birth stated.